

Accident Investigation Data

Event Number: 6 0 5 3 4 2 4

U.S. Department of Labor

Mine Safety and Health Administration



A. Mine Information

1. Mine ID Number: 1 1 - 0 2 8 7 9		2. Mine Name: BIG RIDGE MINE PREPARATION PLANT		3. Operating Company Name: BIG RIDGE INC	
4. Mine Location: (Town, County, and State) HARRISBURG, SALINE, IL 62946				b. Union Affiliation: 2473 Int. B. of Boilermakers	
5. Mine Type: M Mill/Preparation Plant		6a. Material Mined/Processed: 122101 Bituminous (Surface)		b. Part 48 Exempt? Yes No	
7. Name Of Seam: (Coal Only) n/s					
8. Mining Data: a. Mining Method: b. Extraction Method:					
c. Haulage Method(s): d. Are explosives used in the extraction of material? Yes No					
9. Employment: At Time of Accident: a. Underground: b. Surface: 55 10. Production:(Coal only) 11. Hours of Operation: a.Hours per Shift: 8 Avg Mine Employment: a. Underground: b. Surface: 55 Avg Tons per Day: b. Shifts per Day: 3 c.Days per Week: 6					
12. Number of Active MMU's:(Coal Only) a. Development b. Retreat:		13. Methane Liberation: Cubic Feet in 24 hours		14. Average Mining Height: Feet: Inches:	
15. Management/Labor Officials:					
Title		Name		Address	
President		Joe Pearson		PO Box 444, Harrisburg, IL 62946	
Senior Vice President		Dale Quertermous		PO Box 444, Harrisburg, IL 62946	
Superintendent		Doug Winters		PO Box 444, Harrisburg, IL 62946	
Preparation Plant Superintendent		Tony Chrisman		PO Box 444, Harrisburg, IL 62946	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 03/21/2000 b. Time: 13:25		17. Type of Investigation: Fatal X Non-Fatal Non-injury		18. Accident Classification: 1 2 Powered Haulage		19.Number of Deg. 1-5 Injuries: 1	
20. Location of Accident/Injury/Ill. a. Surface Location: b. Underground Location:		0 1 Mill/Preparation Plant		21.Number of Independent Contractor Companies Involved in Accident: 0			
22. Equipment Involved: a. Type: #1 c. Model No:		b. Manufacturer:		e. Controls:			
a.Type:		b. Manufacturer:		e. Controls:			
#2 c. Model No:		d. Serial Number:		e. Controls:			
23. Description of the Accident:							

On March 21, 2000, at approximately 1:25 p.m., James R. Elkins, Mechanic (victim), was operating a Toyota forklift truck on the Scale House Road when the forklift overturned. The victim was pinned between the front left post of the falling object protection and the asphalt roadway. Rescue efforts began immediately, but were unsuccessful. The victim was pronounced dead at the scene by Saline County Coroner Kenneth M. Sloan at 2:00 p.m. Elkins was transferred to the Harrisburg Medical Center in Harrisburg, Illinois.

24. Conclusion:

For an unknown reason, the victim was traveling along the outer edge of the roadway. The accident and resultant fatality occurred when the rear wheels of the forklift truck left the paved roadway. The operator was unable to maintain full control of this piece of equipment because a 9-inch drop off was present at the edge of the paved roadway where the accident occurred. The forklift truck became unstable and overturned as the victim was attempting to bring the forklift truck back onto the paved roadway. The forklift truck overturned and pinned the victim's head between the front left post of the falling object protective structure (FOPS) and the pavement. Physical evidence indicates that a functional seat belt was not provided, nor was the seat belt worn by the victim at the time of the accident. Considering that the forklift truck was provided with a falling object protective structure, it is likely that the victim would have not received such severe injuries if a functional seat belt had been provided and used at the time of the accident.

25. Enforcement Actions: Indicate P for procedure type violation, C for condition type, or T for training type.

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> C <input type="checkbox"/>	7572103		
Citation	Order	X	Type/Action: 103(k) Summary of Violation: Control order to ensure safety of all workers at the Big Ridge Preparation Plant due to fatal haulage accident.

IC:

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> C <input type="checkbox"/>	7572127	77.1607(b)	
Citation	X	Order	Type/Action: 104(a) Summary of Violation: Operator not maintaining full control of equipment in motion.

IC:

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation	Order		Type/Action: Summary of Violation:

IC:

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation	Order		Type/Action: Summary of Violation:

IC:

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation	Order		Type/Action: Summary of Violation:

IC:

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation	Order		Type/Action: Summary of Violation:

IC:

C. MSHA Information

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for: Industry: This Mine: Contractor:			27. Did Technical Support participate in this investigation ? Yes <input type="checkbox"/> No <input type="checkbox"/>		28. Part 50 Document Control Number:(Form 7000-1): <input type="text"/>				
29. MSHA District Office:			30. MSHA Field Office:		31. Date Last Regular Inspection Completed:				
32. Lead Accident Investigator: Name; AR No; Date : Name: Date:			33. Date On-site Investigation Started:		34. Formal Report: Yes <input type="checkbox"/> No <input type="checkbox"/>		35. Report Release Date:		

Accident Investigation Data - Victim Information

U.S. Department of Labor
Mine Safety and Health Administration

Event Number: 6 0 5 3 4 2 4

Victim Information: 1

1. Name of Injured/III Employee: <i>James R. Elkins</i>		2. Sex <i>M</i>	3. Victim's Age <i>52</i>	4. Last Four Digits of SSN: <i>8580</i>	5. Degree of Injury: <i>01 Fatal</i>														
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 03/21/2000 b. Time: 13:25</i>				7. Date and Time Started: <i>a. Date: 03/21/2000 b. Time: 7:00</i>															
8. Regular Job Title: <i>104 Mechanic</i>			9. Work Activity when Injured: <i>052 Operate fork lift</i>			10. Was this work activity part of regular job? <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div>													
11. Experience a. This		Years	Weeks	Days	b. Regular		Years	Weeks	Days	c. This		Years	Weeks	Days	d. Total		Years	Weeks	Days
Work Activity:		<i>9</i>	<i>36</i>	<i>0</i>	Job Title:		<i>9</i>	<i>36</i>	<i>0</i>	Mine:		<i>9</i>	<i>36</i>	<i>0</i>	Mining:		<i>32</i>	<i>0</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>105 Forklift</i>										13. Nature of Injury or Illness: <i>370 Multiple injuries</i>									
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>																			
15. Company of Employment:(If different from production operator) <i>Operator</i>										Independent Contractor ID: (if applicable)									
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input checked="" type="checkbox"/> None: <input type="checkbox"/>																			
17. Part 50 Document Control Number: (form 7000-1)										18. Union Affiliation of Victim: <i>2473 Int. B. of Boilermakers</i>									

Victim Information:

1. Name of Injured/III Employee:		2. Sex	3. Victim's Age	4. Last Four Digits of SSN:	5. Degree of Injury:														
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:				7. Date and Time Started:															
8. Regular Job Title:			9. Work Activity when Injured:			10. Was this work activity part of regular job? <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>													
11. Experience: a. This		Years	Weeks	Days	b. Regular		Years	Weeks	Days	c. This		Years	Week	Days	d. Total		Years	Weeks	Days
Work Activity:					Job Title:					Mine:					Mining:				
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